

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

217484US0

First Inventor or Application Identifier

Akane OKA al.

Title

DETECTION MATERIAL FOR INITIAL DENTAL CARIES

Assignee Name: GC Corporation

Assignee Address: No. 76-1, Hasunuma-cho, Itabashi-ku, Tokyo, Japan

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

- ☒ Fee Transmittal Form (e.g. PTO/SB/17)
(Submit an original and a duplicate for fee processing)

2. ☒ Specification Total Sheets **17**

3. ☐ Formal Drawing(s)
(35 U.S.C. 113) Total Sheets

4. ☒ Oath or Declaration Total Pages **4**

a. ☒ Newly executed (original)

b. ☐ Copy from a prior application (37 C.F.R. §1.63(d))
(for continuation / divisional w/ box 17 completed)

i. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in
the prior application, see 37 C.F.R. §1.63(d)(2) and
1.33(b).

5. ☐ CD-ROM or CD-R in duplicate, large table or Computer
Program (Appendix)

6. ☐ Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)

a. ☐ Computer Readable Form (CRF)

b. Specification or Sequence Listing on:

i. ☐ CD-ROM or CD-R (2 copies); or

ii. ☐ Paper

c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. ☐ Assignment Papers (cover sheet & document(s))
8. ☐ Application Data Sheet. See 37 CFR 1.76
9. ☐ 37 C.F.R. §3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
10. ☐ English Translation Document (if applicable)
11. ☐ Information Disclosure
Statement (IDS)/PTO-1449 ☐ Copies of IDS
Citations
12. ☐ Preliminary Amendment
13. ☒ White Advance Serial No. Postcard
14. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
15. ☐ Applicant claims small entity status.
See 37 CFR 1.27
16. ☐ Other:

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application no.:

Prior application information: Examiner:

Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. Amend the specification by inserting before the first line the sentence:

☐ This application is a ☐ Continuation ☐ Division ☐ Continuation-in-part (CIP)
of application Serial No. Filed on

☐ Which was published in English

☐ Which was not published in English

☐ This application claims priority of provisional application Serial No.

Filed

19. CORRESPONDENCE ADDRESS



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Registration Number 21,124

Docket No. 217484US0

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Akane OKADA, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: DETECTION MATERIAL FOR INITIAL DENTAL CARIES

FEE TRANSMITTAL

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	2 - 20 =	0	× \$18 =	\$0.00
INDEPENDENT CLAIMS	1 - 3 =	0	× \$84 =	\$0.00
☐ MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$280 =	\$0.00
☐ LATE FILING OF DECLARATION			+ \$130 =	\$0.00
BASIC FEE				\$740.00
TOTAL OF ABOVE CALCULATIONS				\$740.00
☐ REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
☐ FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
☐ RECORDATION OF ASSIGNMENT			+ \$40 =	\$0.00
TOTAL				\$740.00

- ☐ Please charge Deposit Account No. 15-0030 in the amount of _____ A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$740.00 to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030.
A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
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